



Date of Issue _____
Expiration Date _____

Income-Qualifying Fare Verification Form

Number of Family Members in Household and Combined Household Income Limits

Must be at or below

<u>1-person</u>	<u>2-person</u>	<u>3-person</u>	<u>4-person</u>	<u>5-person</u>	<u>6-person</u>	<u>7-person</u>	<u>8-person</u>
\$23,606	\$31,894	\$40,182	\$48,470	\$56,758	\$65,046	\$73,334	\$81,622

Applicant Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____
(optional)

List all adults in the household, incl. applicant, requesting the Income-Qualifying Fare here:

First Name	Last Name	Permit Number

By signing this form, I certify that my combined household income is at or below 185% of the current poverty level as defined above. I understand that a new verification form is required annually.

Signature

Date

Please return completed form to:

Eau Claire Transit

910 Forest St
Eau Claire, WI 54703
(715) 839-5111
(715) 839-1693 FAX